



**BIOHAZARDOUS MEDICAL WASTE
FACILITY PLAN
APPLICATION**

GENERAL INFORMATION

What Type of Approval Are You Seeking?

- Storage and Transfer
 Treatment Facility
 Storage, Transfer, Treatment, and Disposal
 Briefly Describe Proposed Activities: Sorting and reprocessing used medical devices

1. Applicant [A.R.S. §49-762.03(A) and A.A.C. R18-1-503(A)(1)]
Identify "who" is requesting this permit. Provide the name and title of the highest ranking local Company official responsible for day-to-day operation and permit condition compliance. Include the name of the Company as it should appear on the approval and its mailing and street address. Include one phone number for the identified Company official and a business phone number for the Company.

- Owner
 Operator
 Owner and Operator
 Other: _____

Name and Title Brian Salta Facilities Manager
 Company Stryker Sustainability Solutions, Inc.
 Mailing Address 10232 S. 51st Street City Phoenix State AZ Zip 85044
 Street Address 6635 West Frye Road City Chandler State AZ Zip 85226
 Telephone Numbers: (a) 602-503-5261 (b) _____
 Email brian.salta@stryker.com
 Registered to do business in Arizona? Yes No

2. Contact Information for the Facility Owner [A.R.S. §49-762.03(A)]
Identify who owns this facility. This may be the official identified above, or another individual.

Check this box if the contact information for the facility owner is the same as in item 1 above.

Contact Name Thomas McGovern
 Company Name LaSalle Investment Management
 Address 333 West Wacker Drive, Suite 2300 City Chicago State IL Zip 60606
 Telephone 312-897-4062 FAX _____
 Email thomas.mcgovern@lasalle.com

3. Contact Information of Landowner(s) [A.R.S. §49-762.03(A) and (B)]

Check this box if the person listed below is not the Applicant listed above in item 1.
 Attach a copy of the Lease or Contract for the entire property subject to this permit application.
 Check this box if information regarding additional owners is provided in the SWFP. Additional owners are any not listed below.

Contact Name Thomas McGovern
 Company Name LaSalle Investment Management
 Address 333 West Wacker Drive, Suite 2300 City Chicago State IL Zip 60606
 Telephone 312-897-4062 FAX _____
 Email thomas.mcgovern@lasalle.com

Contact Name _____
 Company Name _____
 Address _____ City _____ State _____ Zip _____
 Telephone _____ FAX _____
 Email _____

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APPLICATION

4. Facility Name [A.R.S. §49-762.07(A)(1) and A.A.C. R18-1-503(A)(2)]

Provide the name of the facility under which operations are proposed.

Facility Name Stryker Sustainability Solutions, Inc.

5. Contact Information of Authorized Agent [A.A.C. R-18-1-503(A)(3)]

If you are designating an Authorized Agent for receipt of official communications, please provide contact information here; otherwise, Section 5 may be left blank.

Contact Name Brian Salta
Company Name Stryker Sustainability Solutions, Inc.
Address 10232 S. 51st Street City Phoenix State AZ Zip 85044
Telephone 602-503-5261 FAX _____
Email brian.salta@stryker.com

6. Initial Fee [A.A.C. R18-13-2703(A) and R18-1-503(A)(6)]

Please note that this is an initial application fee and that additional costs may be incurred in the review of this application.

Check this box to indicate the initial fee of \$10,000 is attached.

7. Facility Address and Location Information [A.R.S. §49-762.07(A)(1)]

Address 6635 West Frye Road
City Chandler State AZ Zip 85226
County Maricopa County
Township 1 Range 4 East Section(s) 33
Latitude 33 ° 17 ' 44 " N Longitude 111 ° 57 ' 25 " W

8. Legal Description of Facility Location [A.R.S. §49-762.07(A)(2)]

Provide the legal description of the proposed location below. If the description is lengthy, please provide it as an attachment to this application and type "see attachment" in the space provided below.

Legal Description Lot 6 of Lotus Project according to the plat of record in the office of the county recorder of Maricopa County Arizona, recorded in book 1574 plats, page 11.

9. Certificate of Disclosure [A.R.S. §49-109]

Are you required to file a certificate of disclosure according to A.R.S. §49-109? Yes No*

*By checking "No" above, you are certifying that a Certificate of Disclosure is not required per A.R.S. §49-109.

If yes, I have attached supporting documentation. Yes

10. Compliance with Zoning [A.R.S. §49-762.03(B) and 49-767(A)]

Provide evidence that the facility complies with applicable municipal or county zoning ordinances, codes and regulations.

I have attached supporting documentation. Yes

11. Facility Description [A.R.S. §49-762.07(A)(3)]

I have attached a facility description that includes the following information:

- A) General description of the facility and a diagram of the property showing the location of the facility.
- B) When operations are estimated to begin, and the volume of biohazardous medical waste to be managed on an annual basis.
- C) Description of biohazardous medical waste activities proposed including storage, transfer, treatment and/or disposal.
- D) Description of waste management practices used at the facility including a listing of equipment to be used, whether or not an air permit is required, and measures taken to protect the environment and public health.

12. Technical Requirements

Using the BMWFP checklist provided by the ADEQ, provide the necessary supporting documentation, including plans, equipment, design drawings, etc., to address the technical requirements and applicable requirements of A.R.S. Title 49, Chapter 4, Article 4 and A.A.C. Title 18, Chapter 13, Article 14 regarding Biohazardous Medical Waste and Discarded Drugs requirements. Attach this information to the application in the form of a BMWFP.

Ensure that all design drawings and calculations are sealed by an Arizona-registered professional of an appropriate discipline.

Check this box if an Air Quality Permit is required and supporting documentation has been attached. [A.A.C. R18-13-1410(B)]

13. Certification Statement

I certify under penalty of law that this application and all attachments were prepared under my direction or authorization and all information is, to the best of my knowledge, true, accurate and complete. I also certify that the facilities described in this form are or will be designed, constructed, operated, and/or closed in accordance with the terms and conditions of the applicable requirements of A.R.S. Title 49, Chapter 4, Article 4 and A.A.C. Title 18, Chapter 13 regarding solid waste requirements. I am aware that there are significant penalties for submitting false information.

Print Name Brian Salta

Title Facilities Manager

Signature  Date 6/23/23

Pursuant to Arizona Revised Statutes (A.R.S. § 41-1030):

- (1) ADEQ shall not base a licensing decision, in whole or in part, on a requirement or condition not specifically authorized by statute or rule. General authority in a statute does not authorize a requirement or condition unless a rule is made pursuant to it that specifically authorizes the requirement or condition.
- (2) Prohibited licensing decisions may be challenged in a private civil action. Relief may be awarded to the prevailing party against ADEQ, including reasonable attorney fees, damages, and all fees associated with the license application.
- (3) ADEQ employees may not intentionally or knowingly violate the requirement for specific licensing authority. Violation is cause for disciplinary action or dismissal, pursuant to ADEQ's adopted personnel policy. ADEQ employees are still afforded the immunity in A.R.S. §§ 12-821.01 and 12-820.02.